

Medical Records

Civil Action Number: 2:17-01146

Claimant: Trish Ann Fontana

Account Number: 197-56-3849

Exhibits

Exhibit No.	Description	Page No.	No. of Pages
1F	Radiology Report, dated 03/08/2010 to 10/29/2010, from JRMC Diagnostic Services	214-220	7
2F	Office Treatment Records, dated 03/08/2010 to 10/29/2010, from JRMC Diagnostic Services Brentwood-David Mance, DPM	221-226	6

DATE: April 18, 2018

The documents and exhibits contained in this administrative record are the best copies obtainable.

PA-DDS MER Onsite Scan Cover Page

From: TRISH A FONTANA
3130 GLENDALE AVENUE
PITTSBURGH PA 15227

05/13/13



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RQID:0226672911BBZZC1 SITE:S67 DR:S
SSN:197563849 DOCTYPE:0001 RF:D CS:65b7

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JRMC

Diagnostic

SERVICES

1200 Brooks Lane, Suite G-70

Jefferson Hills, PA 15026

412.460.8300 - office

412.460.8301 - fax

CONFIDENTIAL FAX - CONFIDENTIAL FAX - CONFIDENTIAL FAX

TO: Melanie ServelloDATE: 5/8/13FAX # 724-858-3669

OF PAGES _____

ATTENTION: _____

RE: _____

MESSAGE

PRIORS on Trish FontanaDOB-6/2/67MR ankle w/eqtioMR ankle 6/8/10 ven doppler 3/8/10FROM: Ange R*****IMPORTANT WARNING*****

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JRMC Diagnostic Services

Brentwood
3722 Brownsville Road
Pittsburgh, PA 15227
412-886-2700 Phone 412-886-2710 Fax

Referring Physician: DAVID MANCE, DPM

Name: TRISH A FONTANA

Office Phone: 4128815580

MRN: 197-56-3849

Fax: 4128811026

DOB: 06/02/1967

CC Physician:

Phone: 4128820719

Date of Service: 10/29/2010

Study: MRI ANKLE WO MRI LOW EXT JOINT W/ OUT CNT

LEFT ANKLE MRI:

HISTORY: Ankle pain

SEQUENCES: Sagittal, axial and coronal T-1 and T-2 sequences through the left ankle were acquired with high-field closed MRI without contrast.

FINDINGS: The anterior tibial tendon and extensor tendons over the dorsal foot are all intact. There is some edema along the anterior aspect of the ankle joint suggesting synovitis and there is edema in the sinus tarsi and tracking along the anterolateral gutter. The findings might suggest anterior impingement. There is an intact anterior talofibular ligament along the superior fibers but there appears to be chronic tearing of the inferior fibers of the anterior talofibular ligament. The peroneal tendons are intact. The flexor hallucis longus and flexor digitorum tendons are intact. The distal posterior tibial tendon shows marked thickening and some mild heterogeneous increased signal consistent with distal tendinopathy for the 1 cm length prior to the navicular attachment. The spring ligament, deltoid ligament and posterior talofibular ligament are all intact. There is no fracture. There is no bone marrow edema. The achilles tendon, plantar fascia and talocalcaneal interosseous ligaments are intact.

IMPRESSION: Edema along the anterior ankle joint and fibular side of the sinus tarsi with chronic minimal partial tearing suggested of the inferior fibers anterior talofibular ligament. The findings could all relate to anterior impingement symptoms. The anterior tibial tendon is intact. There is evidence of distal posterior tibial tendinopathy.

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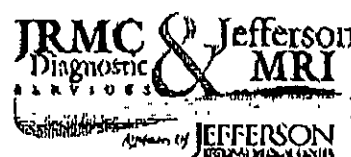
Name: TRISH A FONTANA
DOB: 06/02/1967

Date:10/29/2010

Interpreting Physician

Electronically Signed By:

GEORGINE DEMARINO, MD
/GD



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Office Phone: 4128815580

MRN: 197-56-3849

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DOB: 06/02/1967

CC Physician:

Phone: 4128820719

Date of Service: 06/30/2010

Study: MRI ANKLE WO MRI LOW EXT JOINT W/ OUT CNT

EXAM: MRI LEFT ANKLE:

PROCEDURE: Sagittal, axial, coronal T-1 and T-2 fat-suppressed sequences through the left ankle were acquired with closed MRI

PRIOR: None

HISTORY: Pain tendon rupture

FINDINGS: There is diffuse edema around the ankle more so posteriorly. The peroneus longus and brevis tendons are intact. The posterior tibial tendon, flexor hallucis longus and flexor digitorum tendons are intact. The extensor tendons and anterior tibial tendons over the anterior ankle are intact. There is significant subcutaneous edema along the anterior ankle consistent with synovitis and this extends into the ankle joint somewhat without a significant effusion. There is a large area of abnormal bone marrow signal involving the dome of the talus through the body of the talus down to the sub-talar joint space and into the sinus tarsi consistent with marked contusion. There is at least one image suggesting a horizontal linear low signal which is on series 12 Image 15 that could represent an actual stress impaction fracture. The overlying cartilage of the talar dome is all intact. The calcaneo talar interosseous ligaments are intact. The Achilles' tendon and plantar fascia, syndesmotric ligaments, spring ligament is intact. There is partial tear and fibrosis of the anterior talofibular ligament. There may be partial tear calcaneofibular ligament.

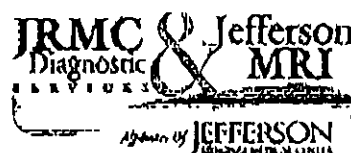
IMPRESSION: Marked contusion and nondisplaced stress type fracture through the body of the talus. Anterior ankle synovitis. Tear anterior talofibular ligament.



Name: TRISH A FONTANA
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JRMC Diagnostic Services

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Referring Physician: DUSHAN MAJKIC, MD

Office Phone: 4128829455

Fax: 4128846149

CC Physician:

Study: US VEN DOPP BIL US VEN DOPP BIL

Name: TRISH A FONTANA

MRN: 197-56-3849

DOB: 06/02/1967

Phone: 4128820719

Date of Service: 03/08/2010

INDICATION: Lower extremity edema

PROCEDURE: Real-time grayscale, color, and Doppler ultrasound imaging of the bilateral lower extremity veins was performed.

FINDINGS:

The bilateral common femoral, femoral, and popliteal veins demonstrated normal compressibility, normal phasic venous flow, and normal response to augmentation. There is no evidence for echogenic thrombi.

CONCLUSION:

No evidence for deep venous thrombus from the bilateral common femoral to the popliteal veins bilaterally.

Interpreting Physician

Electronically Signed By:

SUSANJ S. PATEL, MD

/SSP



This sheet **MUST** be on TOPThis sheet **MUST** be on TOP EXHIBIT NO. 2F

PAGE: 1 OF 6

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JRMC DIAGNOSTICS
 3722 BROWNSVILLE RD
 PGH PA 15227

Re: TRISH A FONTANA
 XXX-XX-3849

SSA
 S67 Greensburg/PA-DDS
 PO Box 8751
 London, KY 40742-9863

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To: Bureau of Disability Determination

Attn: M. Servello Phone Number: 1-800-442-8018

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/lk/



Name: TRISH A FONTANA

Date:10/29/2010

PAGE: 3 OF 6

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Interpreting Physician

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PAGE: 5 OF 6

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